## ARIZONA DEPARTMENT OF ECONOMIC SECURITY

## CONTRACT AMENDMENT

ONTRACTOR (Name and address)	2. CONTRACT ID NUMBER
Arizona DEPARTMENT OF HEALTH SERVICES - Division of Behavioral Health Services 1740 W Adams St Rm 303 Phoenix, AZ 85007	E5342538
	3. AMENDMENT NUMBER
	8

In accordance with the TERMS AND CONDITIONS, Section XIV, paragraph J, TERMINATION and upon notice from the Division of Behavioral Health Services, this contract is terminated on December 31, 2006.

EXCEPT AS PROVIDED HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT AS HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL FORCE AND EFFECT. THE AMENDMENT SHALL BECOME EFFECTIVE ON THE DATE OF LAST SIGNATURE UNLESS OTHERWISE SPECIFIED HEREIN. BY SIGNING THIS FORM ON BEHALF OF THE CONTRACTOR, THE SIGNATORY CERTIFIES HE/SHE HAS THE AUTHORITY TO BIND THE CONTRACTOR TO THIS CONTACT. 6. NAME OF CONTRACTOR ARIZONA DEPARTMENT OF ECONOMIC SECURITY Arizona DEPARTMENT OF HEALTH SERVICES SIGNATURE OF AUTHORIZED INDIVIDUAL SIGNATURE OF AUTHORIZED INDIVIDUAL grabeth TYPED NA TYPED NAME Elizabeth G. Csaki TITLE Professional Services Unit Manager DATE DATE

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